

SCANNED

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Lonnie L. Tillerl)

ID# 00A4366

Write the full name of each plaintiff.

No. 19 cv 810

(To be filled out by Clerk's Office)

-against-

Melissa Hill (correction officer)

Anthony J. Annurci (acting Commissioner)

COMPLAINT

(Prisoner)

Do you want a jury trial?

Yes No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #: _____
DATE FILED: 1/24/2019

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

First Name: Lonnie Middle Initial: L. Last Name: Tillery

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

ID# 0044366

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Five Points CDRH Facility

Current Place of Detention

6600 State Route 96

Institutional Address

Romulus

County, City

NY

State

14541

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee
 Civilly committed detainee
 Immigration detainee
 Convicted and sentenced prisoner
 Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: Melissa Hill NJK
 First Name Last Name Shield #

Correction Officer
 Current Job Title (or other identifying information)

Sing Sing Corr. Facility
 Current Work Address

354 Hunter Street Ossining NY 10562
 County, City State Zip Code

Defendant 2: Anthony Annucci NK
 First Name Last Name Shield #

Acting Commissioner
 Current Job Title (or other identifying information)

The Harriman State Campus - Bldg A 1220 Washington Ave.

Current Work Address
Albany New York 12226-2050
 County, City State Zip Code

Defendant 3: _____
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

 County, City State Zip Code

Defendant 4: _____
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Sing Sing Correctional Facility

Date(s) of occurrence: June 2017 - Dec. 2017

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

While incarcerated at Sing Sing CORR. Facility CORR. Officer Melissa Hill was the officer in charge of my assigned work area. She started having casual conversations with me asking how much time I had left in prison etc. I have family taking care of me etc etc. One day I come into work and she asked me to come with her to clean the officers bathroom while I was cleaning she began talking to me asking how long has it been since we had sex. I stated several years. She then approached me and began grabbing my penis threw my pants. Stating I want you and I don't get what I want. She said I can comply with her and she would make sure I want for nothing. She stated if I don't comply she would write a report stating sexual harassment or she would have one of her friends put a weapon in my cell location. She stated I used to have a bid in A-block where you lock need I have a lot of friends that work your block. She stated CO. Myles was her on and off again boyfriend and he would do anything she ask him. She would tell him I was inappropriate with her and things would end bad for me. We witnessed inmates get beat-up and weapons placed in there cell location and I was in fear for my safety so I complied. Throw out the following months we engaged in sexual intercourse she made me give her oral sex. She made me drink alcohol. She gave me a phone number and I would call her while she was on R.D.O

On Dec. 27th 2018 O.S.I come to my cell location and had me escorted to Solitary confinement. on Dec 27th 2017, two Sing Sing officer put me on a Facility van and drove me to five points corr. facility, on our drive here i was told CO's stuck together and MS. Hill is my friend if you talk to the state police or O.S.I. things will happen to you at five points. i've been at five points 13 months. we dealt with verbal abuse, threats we had Person property stolen by CO's. my mail has been tampered with we had food packages and money orders sent to me from my family that has been confiscated and a year later i have not received it.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I was physical hit by CO's at Sing Sing corr. Facility. i was shit on my personal family photos and property was stolen and never sent to my present facility

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I'm seeking \$ 300,000. and i'm asking to be granted a facility transfer. I'm entitled to per DOCCS Directive. I'm asking to be sent to a facility that offers F.R.P. (Family Reunion Program)

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

1-14-19 Lonnie Tillery
Dated Plaintiff's Signature
Lonnie L Tillery
First Name Middle Initial Last Name
6600 State Route 96 Ramulus N.Y. 14541
Prison Address

County, City _____ State _____ Zip Code _____

Date on which I am delivering this complaint to prison authorities for mailing: 1-15-19

1.14.19

Five Points

repost
01/15/2019

US POSTAGE \$000.68⁰⁰

Five Points

LOC: 10-A2-42-B

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Correctional Facility

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